

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

7007 2560 0002 6445 1849

Postage	\$	CAIFD 7/3/08 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	Carl Zeltinger, Manager Powers Lake Elevator Co. P. O. Box 8 Tolley, ND 58787	
Sent To	DOCKET NO.: FIFRA-08-2008-0012	
Street, Apt. No. or P.O. Box No.		
City, State, ZIP		

PS Form 3800, August 2008 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RC JUL 03 2008 5

Carl Zeltinger, Manager
 Powers Lake Elevator Co.
 P. O. Box 8
 Tolley, ND 58787

DOCKET NO.: FIFRA-08-2008-0012

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 * *Samantha Blonguis* Agent Addressee

B. Received by (Printed Name)
Samantha Blonguis

C. Date of Delivery
7-7-08

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article #
 (Transfer)

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PS Form 3811, February 2004

Domestic Return Receipt

102595-02-N-1540